

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702404

1. Entity Name

OAK RIDGE BAPTIST CHURCH INC

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90010 001 ****61.25

0004172

Principal Place of Business

Mailing Address

OAK RIDGE BAPTIST CH
 3833 WEST OAK RIDGE RD
 ORLANDO FL 32809
 US

OAK RIDGE BAPTIST CH
 3833 WEST OAK RIDGE RD
 ORLANDO FL 32809
 US

C0075397



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2905212

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENDEL, ROBERT B SR
 6007 LUZON DRIVE
 ORLANDO FL 32809

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Rev. Robert Bruce Kendel Sr*
 REV. ROBERT BRUCE KENDEL SR. (Pastor)

August 17th 2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
 After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	COPPOCK, WILLIAM	
STREET ADDRESS	13112 SAN ANTONIO WOODS LANE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENDEL, ROBERT B SR	
STREET ADDRESS	6007 LUZON DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COPPOCK, WILLIAM	
STREET ADDRESS	13112 SAN ANTONIO WOODS LANE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNCAN, RAYMOND	
STREET ADDRESS	6332 REVINNA DRIVE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLADSTONE, ROBERTS	
STREET ADDRESS	2220 BLUE SAPPHIRE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32387	
TITLE	DI	<input checked="" type="checkbox"/> Delete
NAME	ARMSTRONG, STEVEN	
STREET ADDRESS	2339 HUNNINGTON GREEN CT	
CITY-ST-ZIP	ORLANDO FL 32839	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONEY CLARK	
STREET ADDRESS	5219 VIA HACIENDA CIRCLE # 109	
CITY-ST-ZIP	ORLANDO, FLORIDA 32839	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rev. Robert Bruce Kendel Sr*

(407) 351-5719

CR2E037 (5/01)